

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Chadwick Edwards</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>New Castle</i>		<b>Date:</b> <i>7-31-13</i>	<b>Time:</b> <i>2:01</i>
<b>Vehicle Make:</b> <i>Honda</i>		<b>Model:</b> <i>CRV</i>	<b>Year:</b> <i>2004</i>
<b>GVWR:</b>	<b>Fuel Type:</b> <i>Gas</i>	<b>Registration Number:</b> <i>PT401 245</i>	
<b>Auditor:</b> <i>Leon Delfa</i>		<b>Covert / <u>Overt</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Quotrochioddi, Frank</i>		<b>Position:</b> 1 or 2	
<b>Station:</b> <i>new</i>	<b>Date:</b> <i>7-31-13</i>	<b>Time:</b> <i>2:15</i>	
<b>Vehicle Make:</b> <i>NISSAN</i>	<b>Model:</b> <i>Altima</i>	<b>Year:</b> <i>1995</i>	
<b>GVWR:</b>	<b>Fuel Type:</b> <i>GAS</i>	<b>Registration Number:</b> <i>?</i>	
<b>Auditor:</b> <i>Conrad/4</i>	<b>Covert / <u>Overt</u> (circle one)</b>		

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?			
b) Was Emissions testing performed using Analyzer Probe?	<input checked="" type="checkbox"/>		
c) Was Emissions testing performed using Paddle(s)?	<input checked="" type="checkbox"/>		
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?	<input checked="" type="checkbox"/>		
a) Was Catalytic Converter inspection performed?	<input checked="" type="checkbox"/>		
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?	<input checked="" type="checkbox"/>		
a) Was Two-Speed Idle testing performed?	<input checked="" type="checkbox"/>		
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			

Revised 04/12/2013



## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <u>Rodriguez Miguel</u>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <u>New Castle</u>	<b>Date:</b> <u>7-31</u>	<b>Time:</b> <u>2:10</u>	
<b>Vehicle Make:</b> <u>Honda</u>	<b>Model:</b> <u>Accord</u>	<b>Year:</b> <u>2002</u>	
<b>GVWR:</b>	<b>Fuel Type:</b> <u>Gas</u>	<b>Registration Number:</b> <u>951090</u>	
<b>Auditor:</b> <u>Countryside</u>		<b>Covert / <u>Over</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<input checked="" type="checkbox"/>		
2. Was <b>Emissions</b> testing required?	<input checked="" type="checkbox"/>		
a) Was Emissions testing performed using OBD?	<input checked="" type="checkbox"/>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<input checked="" type="checkbox"/>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<input checked="" type="checkbox"/>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<input checked="" type="checkbox"/>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<input checked="" type="checkbox"/>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature: _____			

## DMV Lane Technician Observation Report

<b>DMV Technician:</b> <i>Lampky Erica</i>		<b>Position:</b> <u>1 or 2</u>	
<b>Station:</b> <i>New Castle</i>		<b>Date:</b> <i>7-31</i>	<b>Time:</b> <i>1:50</i>
<b>Vehicle Make:</b> <i>Honda</i>		<b>Model:</b> .	<b>Year:</b> <i>2006</i>
<b>GVWR:</b>	<b>Fuel Type:</b> <i>GAS</i>	<b>Registration Number:</b> <i>936168</i>	
<b>Auditor:</b> <i>Cowdrie</i>		<b>Covert / <u>Overt</u></b> (circle one)	

  

	YES	NO	N/A
1. Did technician check vehicle paper work and verify VIN number?	<i>✓</i>		
2. Was <b>Emissions</b> testing required?	<i>✓</i>		
a) Was Emissions testing performed using OBD?	<i>✓</i>		
b) Was Emissions testing performed using Analyzer Probe?			
c) Was Emissions testing performed using Paddle(s)?			
d) Was Emissions testing performed using Clip?			
3. Was <b>Catalytic Converter</b> inspection required?			<i>✓</i>
a) Was Catalytic Converter inspection performed?			
4. Was <b>Fuel Tank</b> pressure testing required?			<i>✓</i>
a) Was Fuel Tank pressure testing performed?			
5. Was <b>Fuel Cap</b> pressure testing required?			<i>✓</i>
a) Was Fuel Cap pressure testing performed?			
6. Is this test a <b>Re-check</b> from a prior failure?		<i>✓</i>	
a) Which re-check test is being performed? 1 2 3 (circle one)			
b) If this is re-check #3, was repair paperwork verified for waiver?			
<b>New Castle and Kent Counties Only</b>			
7. Was Two-Speed Idle testing required?		<i>✓</i>	
a) Was Two-Speed Idle testing performed?			
<b>Sussex County Only</b>			
8. Was <b>Curb Idle</b> testing required?			
a) Was Curb Idle testing performed?			
<b>Comment:</b>			
Lane Supervisor Signature:			